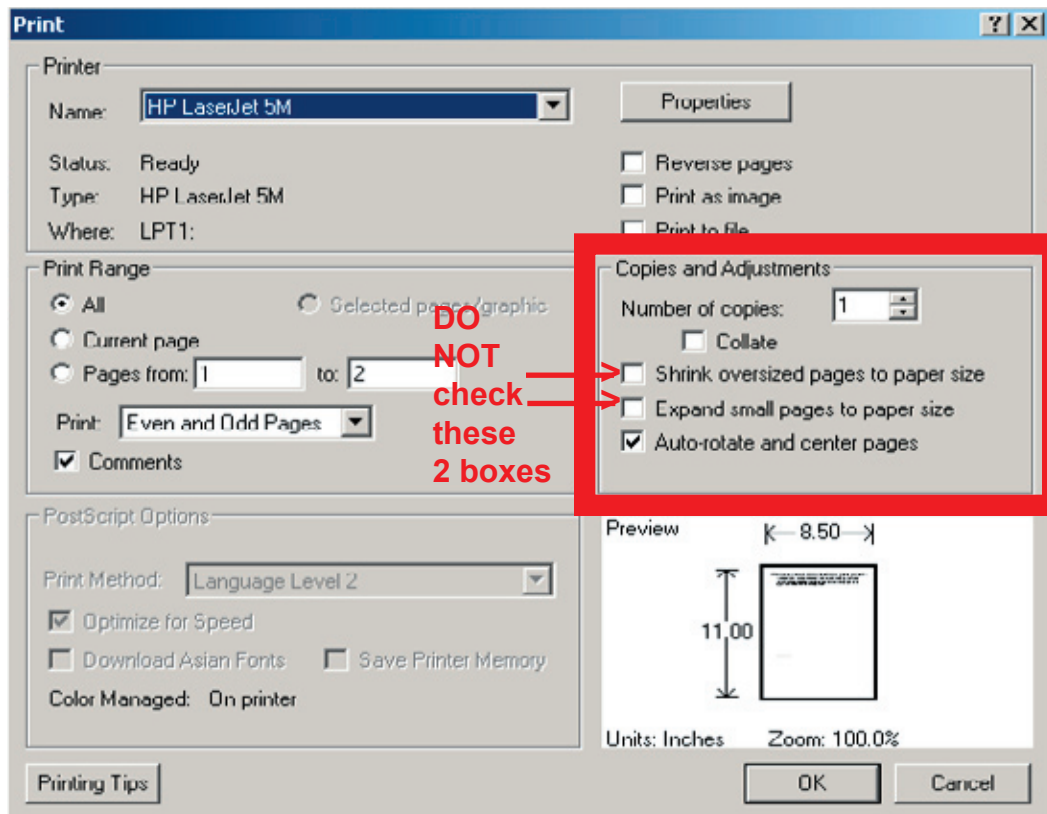


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box "Auto-rotate and center pages." Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents: Veterinarian Application Packet

1. 672-033 ... Contents List/SSN Information/Deposit Slip 1 page
2. 672-043 ... Veterinarian Information Application Instructions and Checklist 3 pages
3. 672-001 ... Application for Veterinary Medicine, Surgery and Dentistry 4 pages
4. 672-025 ... Veterinarian Verification of Licensure 1 page
5. VIVA..... Veterinary Information Verifying Agency 2 pages

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Veterinarian

DEPOSIT SLIP

NAME (Please Print)

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

DATE

Please note amount enclosed, and return
with your application.

\$

☐ Check
☐ Money Order

DOH 672-033 (REV 2/2006)

1F 0283010000 00261

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Veterinary Board of Governors
PO Box 47868
Olympia, WA 98504-7868

Veterinarian Information, Application Instructions, and Checklist

National Examination (NAVLE) Schedule

The North American Veterinarian Licensing Examination (NAVLE) is held twice each year. These dates can be viewed at the National Board of Veterinary Medical Examiners website at: <http://nbec.org>.

Fee Schedule for Veterinarians

State Examination (Initial/Retake)	\$125.00
Initial License	115.00
Specialty License	115.00
Impaired Veterinary Assessment	10.00
Annual Renewal	130.00
Late Renewal Penalty	60.00
Retired Active Status Renewal	65.00
Retired Active Status Late Renewal	50.00
Temporary Permit	200.00
Expired License Reissuance	60.00
Duplicate License	15.00
Certification of License	15.00

****Note:** Effective for the November/December 2004 NAVLE, fee is increased to \$425 per candidate. Application to sit for this examination **must** be made through the Washington State Veterinary Board of Governors (VBOG). This application **and** a copy of your paid on-line NAVLE application must be received in this office **no later than 100 days** prior to the NAVLE beginning examination date.

Effective for the April 2005 NAVLE, fee is increased to \$450 per candidate.

Candidates for the NAVLE are to apply and pay the fee directly through the National Board of Veterinary Medical Examiners (NBVME). This can be done by either their on-line website at www.nbec.org (www.nbvme.org) or by mail at NBVME, PO Box 1356, Bismarck, ND 58502.

To ensure that candidates meet the criteria to take the NAVLE, candidates are **required** to complete the Washington State Veterinary Application through this office.



Veterinary Board of Governors
PO Box 47868
Olympia, WA 98504-7868

Veterinary Application Instructions and Checklist

When your application for a veterinary credential has been received by the Department of Health, Veterinary Board of Governors, you will be sent an acknowledgment letter noting any outstanding documentation needed to complete the process. This is the only notice you will receive while your application is pending. Applicants are discouraged from calling to check on the status of an application until receipt of this acknowledgment letter. Your cooperation is requested to allow Board staff time to prepare your file and issue your credential at the earliest possible time.

Note: You may not provide services as a veterinarian until you receive your Washington State Veterinary Credential. Please be advised that during the application process information pertaining to the status of an application is available only to the applicant.

State Examination: The state examination is a state law and rule, mail-home/open book examination. This exam can be taken upon receipt of the state exam fee. You must obtain a 90% score on the state examination. There are fifty (50) questions, and each question is worth two points.

To ensure that the necessary fees and documentation have been submitted or requested by you, we encourage you to use the following checklist:

☐ **Completed State Application (including recent photograph)**

If you are applying to take the North American Veterinary Licensing Examination (NAVLE), you must submit a Washington State application for veterinary licensing. Your Washington State application must be received at least 60 days prior to the examination date for which you are applying. The NAVLE examination is given in November and April of each year. The Department of Health will send confirmation to the National Veterinary Board of Medical Examinations (NBVME) when your Washington State application is sufficiently complete to qualify you to sit for the NAVLE.

☐ **Verification of NAVLE Registration**

You must also apply directly through NBVME by submitting the application and fee to sit for the NAVLE. Once you apply, send a copy of the receipt from NBVME verifying that you are registered for the NAVLE and have paid the fee.

☐ **\$250.00 (Includes initial license state examination fees and impaired veterinary assessment—Non-Refundable)**

Make your check payable to Department of Health and mail to Department of Health, Veterinary Board of Governors, PO Box 1099, Olympia, WA 98507-1099.

☐ **Official Transcript**

Your transcript must indicate the date your degree was conferred and must be sent directly from your school to the Department of Health, Veterinary Board of Governors, PO Box 47868, Olympia, WA 98504-7868. Transcripts will only be accepted if mailed directly to this office from your school.

☐ **Letter From Your School**

If you are an exam applicant and your transcripts are not yet available, you will be permitted to take the examination on submission of a letter from your program director verifying

successful program completion, and expected date of graduation. The national examination may not be taken prior to six months preceding veterinary college graduation. A license will not be issued to you until an official transcript has been received. Have your program director send this letter to the Department of Health, Veterinary Board of Governors, PO Box 47868, Olympia, WA 98504-7868.

☐ **Foreign Trained Applicants**

If you were foreign trained, you must complete the ECFVG Program and have your proof of completion sent directly to the Department of Health, Veterinary Board of Governors, PO Box 47868, Olympia, WA 98504-7868.

You may contact the ECFVG at:

*American Veterinary Medical Association
Education Commission for Foreign Veterinary Graduates (ECFVG)
1931 N. Meacham Road, Suite 100
Schaumburg, Illinois 60173-4360
(708) 925-8070*

☐ **National Exam Scores**

The National Board Examination (NBE) Clinical Competency Test (CCT), or North American Veterinary Licensing Examination (NAVLE) scores must be sent to Department of Health, Veterinary Board of Governors, PO Box 47868, Olympia, WA 98504-7868. Your exam scores must be mailed to this office directly from the testing agency, or from the Veterinary Information Verifying Agency (VIVA). A VIVA form is included in this packet, or you may contact VIVA at: Toll Free (877) 698-8482 or (816) 931-1504 or <http://www.aavsb.org/VIVA/VIVAHome.aspx>.

The passing score for the NBE, CCT and NAVLE examinations is the established criterion referenced passing score.

☐ **Verification of Credentials**

If you hold or have held a credential in another state, province or country, and are retaking the NAVLE, applying for your initial Washington State credential, **or reinstating your Washington credential**, you will need to request written verification of your credentials in all other states or provinces in which you have ever held a credential be sent to Department of Health, Veterinary Board of Governors, PO Box 47868, Olympia, WA 98504-7868.

☐ **Specialty Licensure**

If you are applying for a specialty license, in addition to the above requirements you must also have the certifying specialty board send verification that you are currently certified in your specialty. The Veterinary Board of Governors recognizes all veterinary medicine specialties recognized by the AVMA.

Please note: The practice of a veterinarian licensed as a specialty practitioner is limited to the specific specialty for which licensed.

Send Applications and fees to: Department of Health
Veterinary Board of Governors
P.O. Box 1099
Olympia, WA 98507-1099

Send documentation without fees to: Department of Health
Veterinary Board of Governors
P.O. Box 47868
Olympia, WA 98504-7868

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Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099

FOR OFFICE USE ONLY
ISSUANCE DATE:
LICENSE NO:

LICENSE #

Application For Veterinary Medicine, Surgery And Dentistry

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.
All fees are non-refundable.

1. Demographic Information

APPLICANT'S NAME LAST FIRST MIDDLE INITIAL

MAILING ADDRESS

CITY STATE ZIP COUNTY

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING **NORMAL BUSINESS HOURS**.) () RESIDENCE TELEPHONE () SOCIAL SECURITY NUMBER (Required under 42 USC 666 and Chapter 26.23 RCW) — —

GENDER BIRTHDATE (MO/DA/YR) PLACE OF BIRTH (CITY/STATE)

☐ Female ☐ Male

/ /

Have you ever applied for a Washington license before? ☐ Yes ☐ No

If yes, list date(s):

Have you ever been known by any other name? ☐ Yes ☐ No

If yes, list.

HEIGHT WEIGHT EYE COLOR HAIR COLOR

Attach Current Photograph Here.
Indicate Date Taken and Sign in
Ink Across Bottom of the Photo.
NOTE: Photograph **Must Be**:
1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs
not acceptable

2. Specialty Board Certification

If applying for specialty licensure, please indicate board speciality. List all AVMA recognized speciality board memberships you hold.

NAME OF BOARD	CERTIFICATION NUMBER	ISSUE DATE	CURRENTLY IN FORCE
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

"Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

- a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐
- b. a charge of a sex offense?..... ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?..... ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption?..... ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional?..... ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?..... ☐ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?..... ☐ ☐

4. Previous Licensure

List all states where licenses are or were held. Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. (Attach additional 8 1/2 X 11 sheet if necessary.)

STATE/JURISDICTION	PROFESSION	LICENSE TYPE	LICENSE		METHOD OF LICENSURE	CURRENTLY IN FORCE
			YR ISSUED	NUMBER		
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Education

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training. (Attach additional 8 1/2 X 11 sheet if necessary.)

SCHOOLS ATTENDED FULL NAME, CITY AND STATE	DEGREE EARNED	ATTENDANCE	
		ENTRANCE DATE	ENDING DATE

6. Professional Experience

List in chronological order all professional experience and practice from date of graduation from professional college. Include the month/day/year in chronological order. (Attach additional 8 1/2 X 11 sheet if necessary.)

EMPLOYER'S NAME AND ADDRESS	DESCRIPTION OF WORK	INCLUSIVE DATES OF EXPERIENCE	
		BEGINNING DATE	ENDING DATE

7. Examination Data

Have you taken the National Board Examination in another jurisdiction? ☐ Yes ☐ No

If yes, list month(s) and year(s) _____

Have you taken the Clinical Competency Test in another jurisdiction? ☐ Yes ☐ No

If yes, list month(s) and year(s) _____

Have you taken the North American Veterinary Licensing Examination in another jurisdiction? ☐ Yes ☐ No

If yes, list month(s) and Year(s) _____

Have you ever applied for licensure in Washington before this application? ☐ Yes ☐ No

Approximate date _____, Under what name did you apply? _____

8. AIDS Education and Training Attestation

I certify I have completed the minimum of 4 hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my credential may be denied, or if issued, suspended or revoked.

Applicant's Initials

Date

9. Applicant's Attestation

I, _____, certify that I am the person described and identified in
Name of Applicant

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act, and that I have answered all questions truthfully and completely and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my credential to practice in the State of Washington.

Signature of Applicant _____ Date _____

Official Use Only
Washington State Records Center



Veterinary Board of Governors
PO Box 47868
Olympia, WA 98504-7868

Veterinarian Verification of licensure

To Applicant: Complete top portion in full and forward to the state, province, or country in which you hold or have held a credential as a veterinarian. There may be a fee for this service.

Name _____ Date of Birth _____
LAST FIRST MIDDLE INITIAL

Street Address _____

City _____ State _____ Zip _____

License Number _____

I authorize the release of the information asked for below to the Washington State Veterinary Board of Governors

Applicant's Signature _____ Date _____

To State Board: The above individual is applying for licensure as a veterinarian in Washington state. To assist the Board in their review, please complete the following information and return directly to the Board. Thank you for your cooperation.

Name of Licensee _____

License Number _____

Date of Issue _____ Expiration Date _____

Issued on the basis of: _____

☐ Examination in your state-National Board Examination, Clinical Competency Test, North American Veterinary Licensing Examination

☐ Reciprocity/Endorsement From (indicate state) _____

☐ Other (Explain) _____

Has license ever been suspended, revoked, or subject to other disciplinary action? ☐ Yes ☐ No

If yes, please explain: _____

STATE
SEAL

SIGNATURE OF VERIFIER

TITLE

TELEPHONE

STATE BOARD

DATE

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The Veterinary Association of Veterinary State Boards'

Veterinary Information Verifying Agency

Address Correspondence to:

3100 Main, Suite 208
Kansas City, MO 64111
Telephone: Toll Free (877) 698-VIVA, or (816) 931-1504
E-mail: info@aavsb.org

Send Application with payment to:

P. O. Box 413183
Kansas City, MO 64141-3183

SCORE REPORTING SERVICE

The American Association of Veterinary State Boards:

The American Association of Veterinary State Boards (AAVSB) is a not-for-profit organization whose membership consists of the state veterinary licensing boards within the United States, its territories and certain provinces of Canada. One of many services provided to its member boards is the Veterinary Information Verifying Agency (VIVA), a centralized depository for veterinarian's credentials and a source for boards to obtain verified, documented data about licensed veterinarians. AAVSB's VIVA system is computerized and designed to provide prompt personalized service for our member boards. The Score Reporting Service is the first phase of VIVA.

Part I: Instructions: Please follow the directions carefully. Incomplete or illegible applications will be returned.

1. **Type or print** your application legibly in blue or black ink.
2. Double-check the spelling and accuracy of the information you provide.
3. Answer **every** question. If a question does not apply to you, enter "N/A."
4. Provide your Social Security number in the space provided below.
5. Mail application with payment to P.O. Box 413183, Kansas City, MO 64141-3183.

Part II. Basic Identifying Information:

Name: _____
LAST FIRST

Date of Birth: _____
Month Day Year

Social Security #: _____ / _____ / _____

Part III. Payment and Transfer Request:

Provide the name(s) of the jurisdiction(s) where you want your scores sent.

Score Transfer(s):

Fee (\$80 per jurisdiction)

Transfer the scores to the following Boards or Agencies (if you need more lines, copy this page and attach the copy.)

Name of licensing Board or the state or province: _____

Name of licensing Board or the state or province: _____

_____ # of jurisdictions x \$80 = Total payment due: _____

Method of payment: Master Card ☐ VISA ☐ Certified Check ☐ Money Order ☐ Personal check ☐
(This method will delay processing)

Payment *must* accompany this application. Make your check or money order payable to AAVSB and enclose it with your application. If you are paying by credit card, you must authorize the charge by providing the following information and signing below:

Expiration Date: _____ Card #: _____

Applicant's Signature: _____

Card holder's Billing Address (including postal code): _____

Part IV: Identifying Information:

A. Legal name:

LAST

FIRST

B. Other Names Used (If you do not use and have never used another name, write N/A):

Other Name:

LAST

FIRST

C. Place of Birth (City/State/Country):

D. Mailing Address:

Number and Street: Apartment #

CITY

STATE (PROVINCE)

ZIP/POSTAL CODE

COUNTRY

E. Home Address (if this address is the same as your "Mailing Address," write N/A):

Number and Street: Apartment #

CITY

STATE (PROVINCE)

ZIP/POSTAL CODE

COUNTRY

F. Contact Numbers: Provide the following contact numbers. Circle the one at which you are most likely to be reached during AAVSB's working hours (8:30 a.m.–5 p.m., Monday through Friday).

Home Telephone #: () Work Telephone #: ()

FAX #: () E-Mail Address:

G. School Information:

Veterinary School: Year and month of graduation:

Part V. National Veterinary Examination History

Provide the following information for **every** national veterinary examination you have taken, regardless of the score received. If you need additional space, copy this page and attach the copies. Provide as much information as you can. Candidate ID numbers are issued by the licensing board where you took the examination. If you do not know your ID number, you **may** be able to obtain it from the licensing board.

Exam Type	Date Taken	State/Province (where you took the exam)	Candidate ID#
NBE			
CCT			

Part VI. Authorization for Release of Information

I, _____ (print name), hereby release, discharge and hold harmless the American Association of Veterinary State Boards, its agents or representatives of any all liability relative to the release of my examination scores to the identified jurisdiction(s). I authorize AAVSB's VIVA to release examination scores to the identified veterinary regulatory board(s) or agency pursuant to my request.

Applicant's Signature:

Date of Signature: